

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1110
384

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				d. STREET ADDRESS (If rural, give location) 3118 Campbell 2498			
3. NAME OF DECEASED (Type or Print) a. (First) Carl		b. (Middle)		c. (Last) Ezzell		4. DATE OF DEATH (Month) (Day) (Year) 1 25 51	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Oct 15-1903	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or (if retired)) Laundry, Santa Helena		10b. KIND OF BUSINESS OR INDUSTRY H.C. Tavel Corp.		11. BIRTHPLACE (State or foreign country) Kansas City Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joe Ezzell		13b. MOTHER'S MAIDEN NAME Myrtle Phillips		14. NAME OF HUSBAND OR WIFE Frances Ezzell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-10-8266		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frances Ezzell 3118 Campbell			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 33 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 24, 1951, to Jan. 25, 1951, that I last saw the deceased alive on Jan. 25, 1951, and that death occurred at 1 P.m., from the causes and on the date stated above.							
23a. SIGNATURE B.I. Burns		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 1-26-51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-27-51		24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Jackson Mo.	
DATE REC'D BY LOCAL REG. 1-27-51		REGISTRAR'S SIGNATURE Leraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bertha Mortuary 5811 Grand			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

also. Hamilton

AUG 20 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Guy F. Buffington*
Licensed Embalmer No. *2756*

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.